

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43986**

0134  
(50)

BIRTH NO. 87729-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0120</u>	
d. FULL NAME OF (If apt in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Morocco Community</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Unnamed infant</u> b. (Middle) <u>Branch</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>29</u> <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>12-29-1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>55</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>illegitimate</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Branch</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Minerva Gatewood Branch, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large baby, prolonged labor</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7600</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-29, 1950</u> , to <u>12-29, 1950</u> that I last saw the deceased alive on <u>12-29, 1950</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W.D. Mackel M.D.</u>		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>1-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morocco</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. A. B. Ross</u>	
25. ADDRESS <u>Poplar Bluff, Mo.</u>		DATE REC'D BY LOCAL REG. <u>March 26, 1951</u>	
REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428	

RECEIVED

APR 6 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-140

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.